

SCHEDULING PATIENT VISITS FOR PVDOMICS

Coordinator Training March 1st 2018

NHLBI Pulmonary Vascular Disease Phenomics Program

*Funded by the National Heart, Lung, and Blood Institute of the
National Institutes of Health with support from
the Pulmonary Hypertension Association*



Visit One

- Review and sign consent document, *if not done prior to visit one*
- Medical history, review medications
- Vital signs (temp, pulse, b/p, and RR)
- Blood tests (CBC, CMP, PT/INR, HIV, Hepatitis, ANA, OMICS blood collection 1). *If CBC or CMP was done within 30 days prior to enrollment by CLIA approved lab then historical values are acceptable. If HIV and hepatitis panels are available from the past 12 months, historical data can be used. Review detailed forms instructions.*
- Waist to hip circumference, Body composition (bioelectrical impedance (BIA))
- HRQOL surveys (SF-36, MLHF, emPHasis-10)
- ECG
- Echocardiogram
- PFTs: Pre/Post BD Spirometry, DLCO, Body Box *(Historical PFTs accepted if a COMPLETE set done within 1 year of enrollment)*
- 6 Minute Walk Test (6MWT) *(historical not accepted)*
- Parking and lunch.
- 8-10 hours fasting prior to testing
- Wear comfortable clothes and shoes to walk in
- May require a hotel stay to get all events completed.
- Next visit will be during the next 4-6 weeks from the date of form 100.
- 1-2 hours for consent, medication, medical history
- 1 hour for blood tests and waist to hip, BIA
- 1+ hour for echo
- 2 hours for PFTs
- Additional ½ hour for next visit preparation and scheduling

Visit Two

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| <ul style="list-style-type: none">• Sleep Study equipment collected <i>if dispensed at visit 1</i>• Vital signs• Right Heart Cardiac Catheterization (RHC) <i>with OMICs Blood Collection 2, before, during and after</i>• CPET (<i>non-invasive or invasive</i>) <i>as per local site protocol</i>• Recovery• Cardiac MRI* | <ul style="list-style-type: none">• 8 hours fasting prior to testing• Expect to spend a little over 10 hours in clinic |
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**If blood tests show significantly reduced kidney function, the contrast portion of the cardiac MRI will not be done. Do not do MRI if participant has a pacemaker or defibrillator that is not MRI compatible. MRI can be performed either before or after the right heart catheterization. If RHC and MRI are scheduled for the same day, MRI should be performed either before the catheterization or a minimum of one hour after RHC.*

Visit Three

- OMICS Blood draw – *must review MOP Chapter 33 for blood draw timing*
- HRCT
- V/Q scan**

4-6 hour fast prior to testing. 8 hours if blood work needed.
Plan to spend 2-3 hour total for visit

***V/Q scan is not required if the participant has lung parenchymal disease and has had a CT angiogram (CTA) in the past year from which the results (images) and report are provided to the Lung Imaging Core (LIC). If needed, VQ scan can be done after CT. VQ scan tracer (radioactive) is detectable for 1 week in blood and can affect HRCT and may expose lab to radiation. Suggest VQ scan be done last after all blood samples and urine are obtained to avoid tracer exposure of lab personnel to radiation. If urine or blood products are collected after the VQ scan, these samples should be collected a minimum of 3 days after the scan*

Sleep Study Scheduling

- Sleep Study equipment can be dispensed at the end of visit 1 or 2 and collected at the beginning of the following visit or anytime within the 6 week time period after the date of Form 100.
- If the participant has had a sleep study within the last year of study enrollment, the final report should be sent to the Sleep Study Core for review.
- Historical sleep study data must meet the PVDOMICS criteria. Sleep Core may recommend that a research sleep study be performed.